

**Internal Memo**

**To:** Office of Licensing Staff  
**From:** Jae Benz, OL Director  
**cc:** OL Managers  
**Date:** January 3<sup>rd</sup>, 2020; Revised 4/23/20; Revised 9/17/20;  
 Revised for Connect 2022  
**Re:** Health & Safety CAP Process for Connect

**Overview:** The purpose of this internal memo is to notify licensing specialists/investigators that the Office of Licensing management team is currently reviewing several protocols/processes and making revisions where needed. Several of these revisions or clarifications are required as part of continued monitoring to comply with the settlement agreement and is considered best practice. One of those revisions includes addressing the Health & Safety CAP process for Connect.

The following topics are outlined in this guide:

- Health & Safety CAP Process
- Examples of Violations requiring issuing a Health & Safety licensing report
- Process Guide(s) Used to Create a licensing report in CONNECT and where to flag a citation for Health & Safety
- Suggested language to use to cite
- Process Guide(s) Used to Create the H&S Re-Inspection
- Process Guide(s) Used to Create Investigation Inspection Re-Inspection
- Running the Health & Safety CAP Report

**Health & Safety Citation Process:**

Regulations can be flagged as a “Health & Safety LICENSING REPORT” in Connect (see screenshot on page 4). This type of LICENSING REPORT can be issued for a **regular inspection and/or for an investigation inspection**. Below are possible examples of violations (this is not an exhaustive list), which may constitute labeling a LICENSING REPORT as a “Health & Safety LICENSING REPORT”:

- 1. Violations that involved level II incidents such as decubitus ulcers, bowel obstruction, aspiration pneumonia and choking incidents that involve physical intervention.**
  - a. **Aspiration pneumonia** is a lung infection that develops after you **aspirate** (inhale) food, liquid, or vomit into your lungs. You can also **aspirate** food or liquid from your stomach that backs up into your esophagus. It is important that providers and staff understand how vitally important it is to follow nutritional protocols, utilize prescribed adaptive equipment, and follow prescribed diets to help minimize aspiration risk. Decisions to **not** classify a CAP as health and safety that involve violations related to decubitus ulcers, bowel obstruction, aspiration pneumonia and choking incidents MUST be made in consultation with your manager and Associate

Director.

**2. Violations of Human Rights Regulations regarding abuse and neglect**

- a. Any Violations of Human Rights Regulations regarding abuse and neglect with injury noted by OL specialist will be sent to HR advocate **within 14 business days of investigation** to review, and if OHR agrees, they will provide formal citation, following agreed upon template, including reference to specific HR regulation.
- b. In Connect, OL will NOT check Health and Safety for any OHR regulations. OHR is responsible for verifying their regulations and implementation of the corrective action plan. OL role is to verify any OL regulations that relate to OHR citations.
  - i. **For any substantiated abuse or neglect without injury that will be cited**, the assigned advocate will request citation from the DBHDS Office of Licensing for all substantiated ANE allegations **within 5 working days** of notification of the provider investigation findings in CHRIS.” (Per OHR AIM Protocol 139)
  - ii. **Per Settlement Agreement Provision Indicator V.C.6.3:**  
Specialists must follow up on the implementation of approved corrective action plans related to serious incidents or substantiated abuse or neglect as detailed in SA Indicator V.C.3. #3 which states “For serious injuries and deaths that result from substantiated abuse, neglect, or health and safety violations, the OL **verifies that corrective action plans have been implemented within 45 days of their start date.**” (this is 30 business day for the OL)
    1. **Please note:** In cases of substantiated abuse or neglect that do not involve serious injury or death, the Office of Human Rights verifies that corrective action plans have been implemented within 90 days of their start date.

**3. Violations of a provider not reporting abuse, neglect, serious injuries, and/or deaths.**

- a. Providers that fail to report serious incidents, deaths, or allegations of abuse or neglect as required by the Licensing Regulations receive citations from the IMU and are required to develop and implement DBHDS-approved corrective action plans.
- b. Providers that have recurring deficiencies in the timely implementation of DBHDS-approved corrective action plans related to the reporting of serious incidents, deaths, or allegations of abuse or neglect may be subject to further action **including receiving a health and safety LICENSING REPORT from the IMU**, or other actions as appropriate under the Licensing Regulations and approved by the DBHDS Commissioner.

**4. Violations regarding the physical plant posing serious safety concerns to the individuals being served. Examples below:**

- a. Regulations 280 A thru K; for example, if a location is infested with mold which poses a serious health concern.
- b. Violations of physical plant that result in serious injury. For example, regulation 280A if furniture is broken resulting in serious injury to the individual. Another example is regulation 280C, if an air conditioning unit upstairs was not properly attached and posed a risk of falling on an individual. This would be considered as not well maintained.

**5. Violations regarding employees or those working directly with the individuals not having appropriate background checks.**

- a. If **several** employees are found with no background checks vs just one employee.
- 6. Violations regarding employees or those working directly with the individuals not being appropriately trained to meet the individual's needs.**
  - a. **Several** staff not found with appropriate training such as CPR/First Aid, behavioral training, DSP competency training.
- 7. Violations regarding inappropriate staffing or staffing ratios.**
  - a. Based on regulation 590, staffing ratios are based on the clinical and medical needs of the individuals and should be outlined in their service descriptions. For example, if a group home has 6 individuals, 4 whom utilize wheelchairs, and 2 whom have high behavioral needs, then a ratio of 1 staff for 6 individuals would not be appropriate based on the needs of the individuals in the home.
- 8. Violations regarding medication administration resulting in a serious incident and/or involving several individuals not receiving their prescribed medications, for more than one day.**
- 9. Violations related to not responding appropriately to crisis or emergency situations involving the individuals, resulting in serious incidents/deaths.**
- 10. Violations related to the inappropriate use of behavior interventions resulting in serious incident.**
  - a. This may be a potential Human Resource violation regarding current behavioral training for employees.
- 11. Violations regarding emergency preparedness that are of a systemic nature.**
  - a. For example, reg 530G, if several group home locations fail to have emergency food & water supplies.
- 12. Violations regarding provider's repeated failure to assess/implement risk management.**
  - a. Reg 520, provider has past citations regarding not completing required risk assessments, investigations, and root cause analysis and/or failure to implement the risk management plan. For example, if a provider has had recent increase in falls occurring in the group home, they indicated in their root cause analysis that there was identified environmental risks regarding rugs not being secured in the home and adaptive equipment not working properly (walker broken). Another incident occurs in the home with an individual falling, and when onsite visit is conducted, specialist/investigator finds that a rug is not secured in the home and that the individual walker was again not working properly contributing to the fall. Upon review, the RM plan had not been updated to reflect risks the provider should be monitoring or steps to reduce risks.

If OL deems a LICENSING REPORT constitutes being classified as a health and safety LICENSING REPORT, then the regulation **MUST BE** checked as such in Connect and the LS/Investigator is required to complete a follow up within **30 business days** to the provider **after the CAP is accepted.**

Licensing Specialist/Investigator in conjunction with the manager, may decide that a follow up is required earlier than 30 business days based on the number and type of violations. The purpose of the follow up is to ensure that the provider has successfully **implemented** the CAP that was issued during the inspection/investigation process. **Proof of implementation must be collected.** Licensing specialists will determine in consultation with their manager if ongoing monitoring procedures are needed after the 1<sup>st</sup> 30 day follow up.

The primary licensing specialist/investigator will consult with their manager regarding if the regulation should be labeled as Health and Safety and if consideration for a change in license status or immediate negative action should be considered. **If a 3<sup>rd</sup> H&S LICENSING REPORT is issued on an inspection or investigation, discussion should occur with your manager and associate director regarding potential referral for negative action.**

### Step 1 - Using CONNECT to Issue a Health & Safety CAP

Initiating a Corrective Action Plan in CONNECT requires using the **Inspection Process Guide (Regular Inspection)** or the **Investigation Inspection Process Guide (Investigation Inspection)**. Follow the steps to create and complete the inspection and the steps to create a Corrective Action Plan. From the Inspection Data Entry Screen, you will be able to check that the citation is a Health & Safety citation.

UAT Environment | Hello, [User] | Version 6.377.6011.6 | Terms of Service | Log Out

Once you have saved this screen with a non-compliant status (Non-Compliant, Non-Compliant Systemic, or Non-Determined), do not make changes using this screen. Changes may be made using the Issue CAP Data Entry screen if they are needed.

Regulation	Description	Update Compliance Status	Compliance Status	Health and Safety	Description of Non-Compliance
770				<input type="checkbox"/>	
12VAC35-105-770. A.	The provider shall implement written policies addressing:			<input type="checkbox"/>	
12VAC35-105-770. A. (1)	The provider shall implement written policies addressing: 1. The safe administration, handling, storage, and disposal of medications;	Not Reviewed	Not Reviewed	<input type="checkbox"/>	This regulation was NOT MET as evidenced by:  <a href="#">Edit</a>
12VAC35-105-770. A. (2)	The provider shall implement written policies addressing: 2. The use of medication orders;	Not Reviewed	Not Reviewed	<input type="checkbox"/>	This regulation was NOT MET as evidenced by:  <a href="#">Edit</a>
12VAC35-105-770. C.	Medications shall be administered only to the individuals for whom the medications are prescribed and shall be administered as prescribed.	Non-Compliant	Not Reviewed	<input checked="" type="checkbox"/>	This regulation was NOT MET as evidenced by:  <a href="#">Edit</a>
12VAC35-105-770. D.	The provider shall maintain a daily log of all medicines received and refused by each individual. This log shall identify the employee or contractor who administered the medication, the name of the medication and dosage administered or refused, and the time the medication was administered or refused.	Not Reviewed	Not Reviewed	<input type="checkbox"/>	This regulation was NOT MET as evidenced by:  <a href="#">Edit</a>
12VAC35-105-770. E.	If the provider administers medications or supervises self-administration of medication in a service, a current medication order for all medications the individual receives shall be maintained on site.	Not Reviewed	Not Reviewed	<input type="checkbox"/>	This regulation was NOT MET as evidenced by:  <a href="#">Edit</a>
					This regulation was NOT MET as

**Writing the LICENSING REPORT:** Specialists/Investigators must ensure that the LICENSING REPORT is written in a format in which the LS/Investigator requests documentation of proof of needed items to help demonstrate the provider’s implementation of pledged actions. (See examples below).

<p>12VAC35-105-770. C. - NS Medications shall be administered only to the individuals for whom the medications are prescribed and shall be administered as prescribed.</p>	<p style="background-color: black; color: black;">[REDACTED]</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Discharge instructions dated 11/26/21 contained instructions regarding medications that were to be stopped and medications that were to be continued. The medications that were to be stopped were Medication #3 and Medication #4. Under the list of medications that were to be continued was Medication #1.</p> <p>Review of the November 2021 and December 2021 MAR revealed that Medication #1, Medication #3, and Medication #4 were marked as discontinued and not administered.</p> <p>The provider failed to administer medications as prescribed as Medication #1 was not discontinued per the 11/26/21 discharge orders.</p> <p>Review of the physician's orders and October 2021-December 2021 MARs revealed Individual #1 had an order to receive Medication #2 three times a day at 8:00 am, 3:00 pm, and 8:00 pm. Review of the liquid intake logs (November 2021-December 2021) for both the group home and day program revealed that there were occasions Individual #1 received Medication #2 four to five times a day. While there are numerous occurrences of staff documenting that Individual #1 received more than three cans of Medication #2 in a day, one example can be found on 12/13/21. Staff documented providing Individual #1 with Medication #2 between 6am-7am (group home), between 8a-9a (day program), between 12p-1p (day program), between 2p-3p (group home) and between 6p-7p (group home).</p> <p>The provider failed to administer Medication #2 as</p>
	<p>Please develop an action plan that includes steps the agency will take to ensure prescribed and discontinued medications are accurately documented on the MAR and medications are administered as prescribed. Please include steps the agency will take to monitor staff to ensure physician's orders are being followed. Please submit your action plan and evidence of corrective action.</p> <p>*Note: Provider was previously cited for failing to administer medications as prescribed on 4/8/21, 7/9/21, and 11/11/21. The provider was previously cited for systemic noncompliance on 9/16/21 and 10/27/21. As this is provider's sixth citation in one year, the provider has demonstrated systemic noncompliance.</p>

The LS/Investigator should ensure that they electronically save the documentation evidence submitted by providers and send to their regional manager. Regional managers are responsible for uploading support docs into OL Regional Manager Team.

**A folder should be created with Provider Org# and Name>subfolder with Service & Program>subfolder with date of inspection>place CAP and supporting documentation submitted in folder.**

This is important in case MRC or DOJ reviewer requests and/or if the provider goes into negative action, proof of what they indicated they would do is available for evidence. In CONNECT system documents can also be saved directly with the inspection or investigation.

**Editor**

Source [Icons] Font [v] Size [v] A- A+

This regulation was NOT MET as evidenced by:

Discharge instructions dated 11/26/21 contained instructions regarding medications that were to be stopped and medications that were to be continued. The medications that were to be stopped were Medication #3 and Medication #4. Under the list of medications that were to be continued was Medication #1. Review of the November 2021 and December 2021 MAR revealed that Medication #1, Medication #3, and Medication #4 were marked as discontinued and not administered.]

The provider failed to administer medications as prescribed as Medication #1 was not discontinued per the 11/26/21 discharge orders. Review of the physician's orders and October 2021- December 2021 MARs revealed Individual #1 had an order to receive Medication #2 three times a day at 8:00 am, 3:00 pm, and 8:00 pm. Review of the liquid intake logs (November 2021-December 2021) for both the group home and day program revealed that there were occasions Individual #1 received Medication #2 four to five times a day. While there are numerous occurrences of staff documenting that Individual #1 received more than three cans of Medication #2 in a day, one example can be found on 12/13/21. Staff documented providing Individual #1 with Medication #2 between 6am-7am (group home), between 8a-9a (day program), between 12p-1p (day program), between 2p-3p (group home) and between 6p-7p (group home).

The provider failed to administer Medication #2 as prescribed.

Please develop an action plan that includes steps the agency will take to ensure prescribed and discontinued medications are accurately documented on the MAR and medications are administered as prescribed. Please include steps the agency will take to monitor staff to ensure physician's orders are being followed. Please submit your action plan and evidence of corrective action.

\*Note: Provider was previously cited for failing to administer medications as prescribed on 4/8/21, 7/9/21, and 11/11/21. The provider was previously cited for systemic noncompliance on 9/16/21 and 10/27/21. As this is provider's sixth citation in one year, the provider has demonstrated systemic noncompliance.

Save Cancel

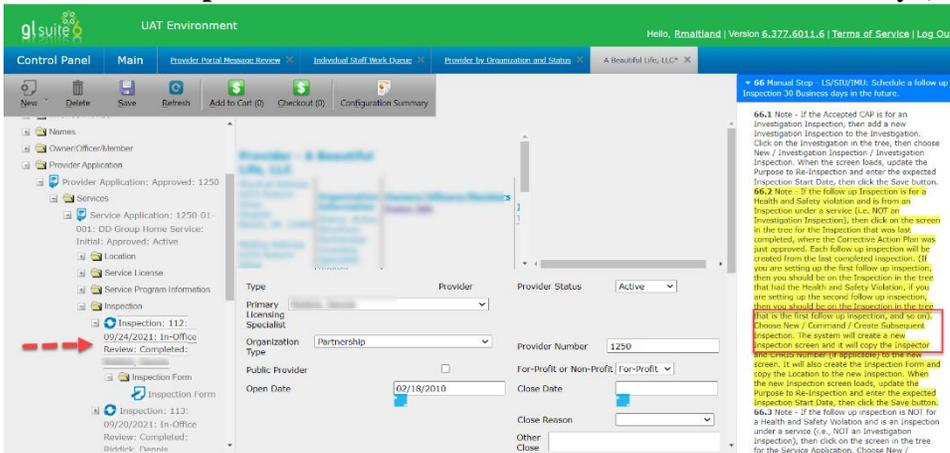
Note: The next step requires that you have completed the LICENSING REPORT process with the provider and the CAP issued is Approved.

## Step 2 – Scheduling the Re-Inspection Follow-up for a Health & Safety CAP (Regular Inspection)

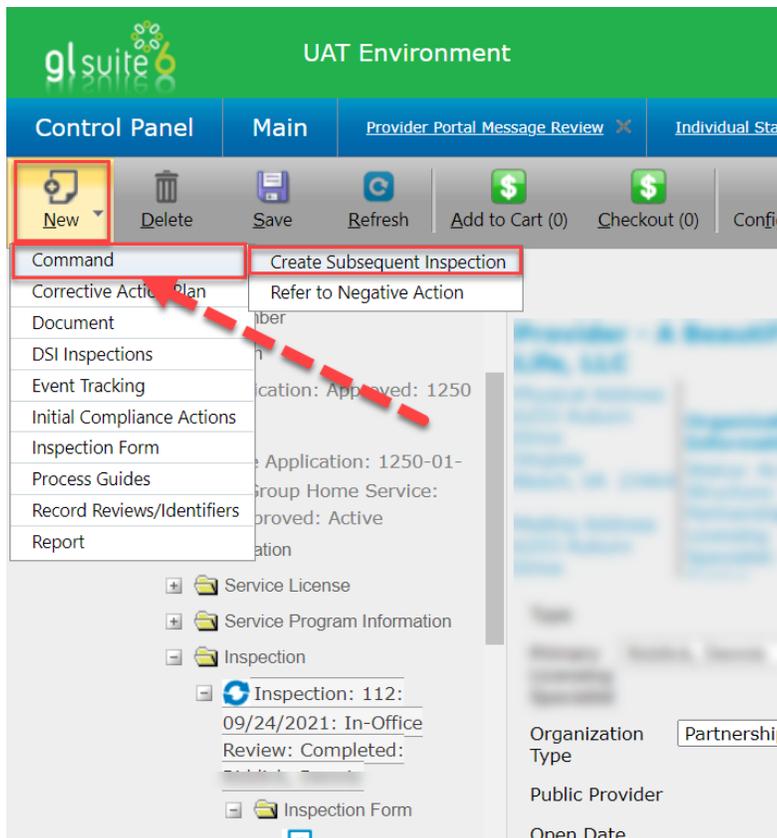
Once the Corrective Action Plan with the Health & Safety is approved, you should schedule a follow-up Inspection 30 days in the future. Note: 30 business days should be the maximum follow-up.

In CONNECT, from the Provider/Service and Inspection record that was a Health & Safety CAP (now approved), open the Website-Corrective Action Plan Process Guide and navigate to step 66. Read step 66.2 for Regular Inspection

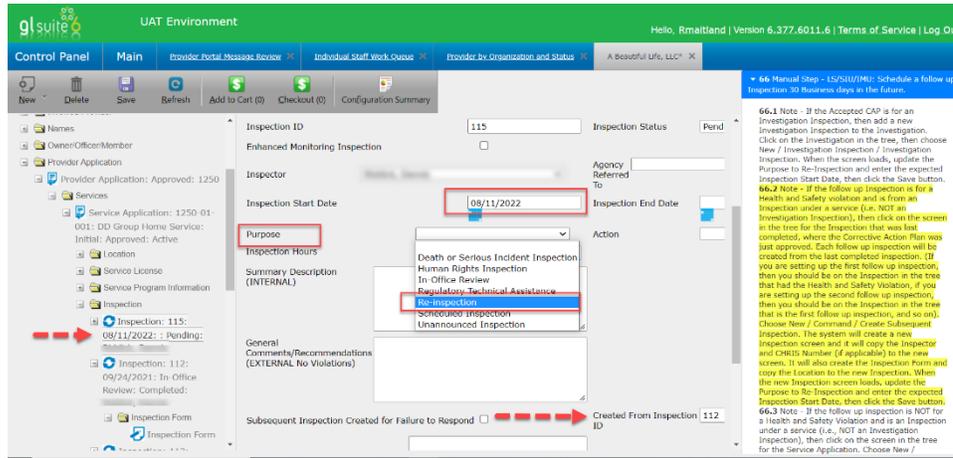
Click on the **Inspection** in the Provider Tree where the Health & Safety (now Approved CAP) lives in the tree.



Choose from Menu: New/Command/Create Subsequent Inspection.



A new Inspection (pending) is created copying the Inspector Name into the new Inspection. Enter the following information: Inspection Start Date (Scheduled Date), Purpose: Re-Inspection. Note: CONNECT ties the follow-up inspection to the original Health & Safety Inspection by associating the Health & Safety Inspection ID Code field.



Be sure to save the Inspection. Step 67 describes what CONNECT will do when it comes time to do your follow-up inspection.

**67 Automated Step - The system will display the Re-Inspection in your Individual Staff Work Queue 2 weeks prior to the Inspection Start Date.**

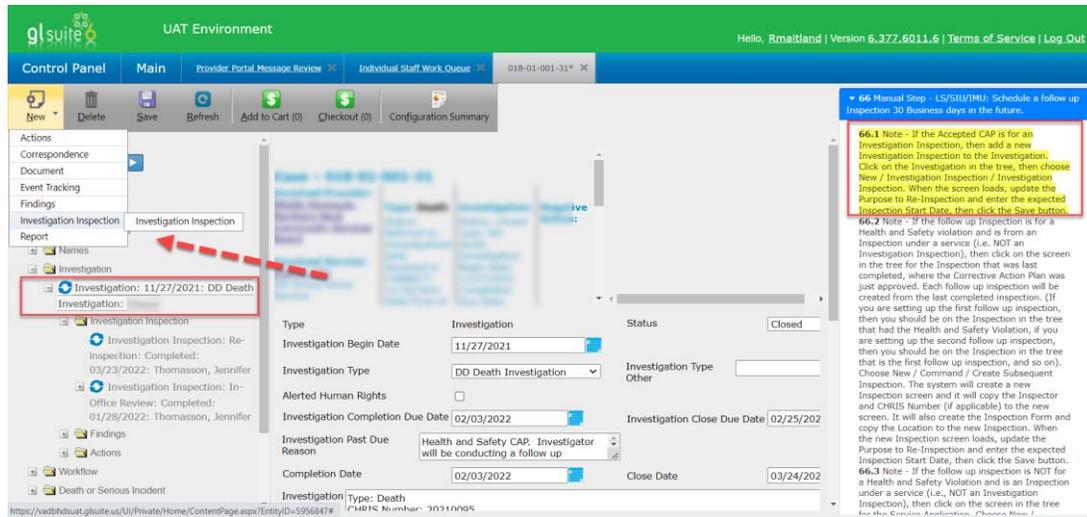
If for any reason there is required a 2<sup>nd</sup> follow-up inspection due to an additional citation during the follow-up related to the Health & Safety LICENSING REPORT, please follow the same steps to initiate a 2<sup>nd</sup> follow-up inspection.

## Step 2 – Scheduling the Re-Inspection Follow-up for a Health & Safety CAP (Investigation Inspection)

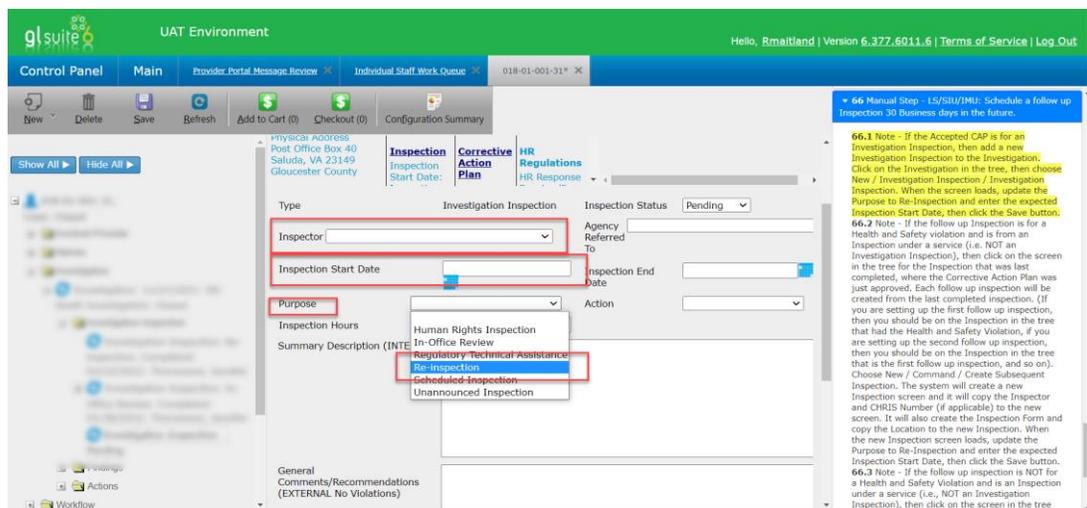
Once the Corrective Action Plan with the Health & Safety Investigation Inspection is approved, you should schedule a follow-up Investigation Inspection 30 days in the future. Note: 30 business days should be the maximum follow-up.

In CONNECT, from the Investigation folder where the Health & Safety CAP (now approved), open the Website-Corrective Action Plan Process Guide and navigate to step 66. Read step 66.1 for Investigation Inspection

Click on the **Investigation** in the Case Folder where the Health & Safety (now Approved CAP) lives in the tree. Choose Investigation Inspection, Investigation Inspection.



A new Investigation Inspection (pending) is created. Enter the Inspector Name, Inspection Start Date (Scheduled Date), Purpose: Re-Inspection. Note: CONNECT will associate the follow-up inspection to the original Health & Safety Actions by associating the inspections in the investigation folder.



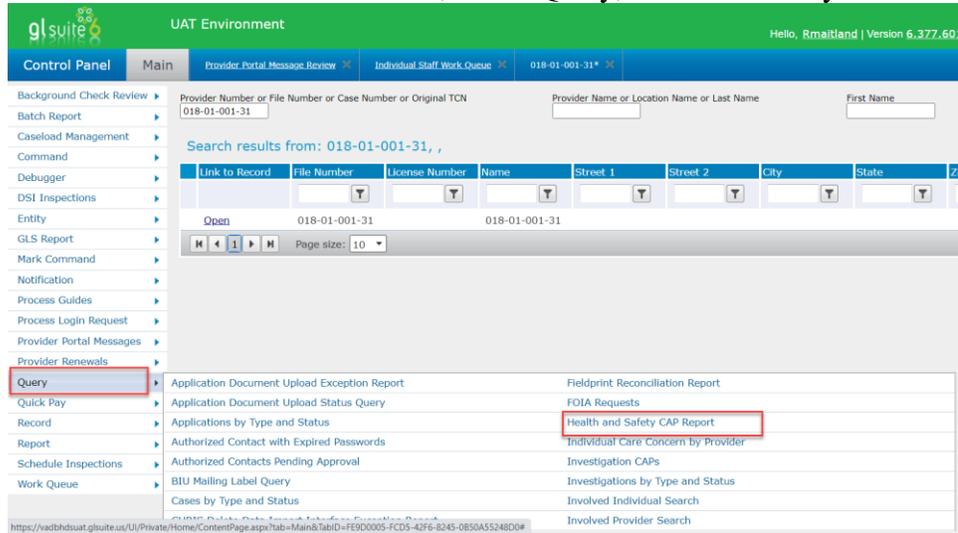
Be sure to save the Inspection. Step 67 describes what CONNECT will do when it comes time to do your follow-up inspection.

**67 Automated Step - The system will display the Re-Inspection in your Individual Staff Work Queue 2 weeks prior to the Inspection Start Date.**

### Step 3 – Running the Health & Safety CAP Query

Find the Query for Health & Safety Caps useful for identifying Health & Safety CAPS and monitoring that follow-up Inspections are completed.

From the CONNECT Main Menu, select Query, Health & Safety.



Use the parameter criteria to define the query period

The screenshot shows the parameter criteria form for the Health and Safety CAP Report query. The form includes the following fields:

- Type: CAP Issue Date
- From: [Date Picker]
- To: [Date Picker]
- Region: All (dropdown menu)
- Buttons: Cancel, Save

The Query will retrieve your results. View online or download your results.

The screenshot shows the UAT Environment interface displaying the results of the Health and Safety CAP Report query. The results are shown in a table with the following columns: Link to Record, Inspector, Staff Region, Provider Name, Provider ID, Service ID, Program ID, Investigation ID, Location Name(s), Inspection Start Date, and CAP Issue Date.

Link to Record	Inspector	Staff Region	Provider Name	Provider ID	Service ID	Program ID	Investigation ID	Location Name(s)	Inspection Start Date	CAP Issue Date
Open	[Redacted]	[Redacted]	Middle Peninsula-Northern Neck Community Services Board	018	01	001	31	308 College Drive Home	01/28/2022	02/03/2022
Open	[Redacted]	Region 3 Southwest	Blue Ridge Behavioral Healthcare	070	16	002		DS Support Coordination	02/11/2022	03/28/2022

**Health & Safety CAP Tracking Spreadsheet:** If a Health & Safety CAP is issued, the LS/Investigator would notify their manager who would then be responsible to update the OL Health & Safety CAP Tracking spreadsheet located in Regional Managers TEAMS>Special Assignments>Health & Safety, Documentation, Spreadsheet. Complete all applicable sections of the spreadsheet to track the status of the Health & Safety CAP. Below is screenshot from TEAMS where Regional Managers upload required information.

*Note: This requirement in the future may be discontinued once a determination can be made as to if Connect system is able to consistently support the H&S process.*

